



TOWNSHIP OF

*Hampton*

**ITEMS REQUIRED TO OBTAIN A  
RESIDENTIAL BUILDING PERMIT**  
**(In-ground swimming pool)**

- TWO (2) SETS OF PLANS IN DETAIL
  - PLANS **MUST** CONSIST OF FRONT, REAR AND SECTIONAL ELEVATIONS
  - PLANS **MUST** SHOW AS APPLICABLE WATER RUN OFF AND EROSIONAL CONTROLS (SILT FENCE, STRAW BALES). THIS CAN BE SHOWN ON THE PROPERTY SURVEY
  
- COPY OF WORKERS COMPENSATION INSURANCE CERTIFICATE (S)
  
- COPY OF SURVEY (Stamped)
  
- WE ACCEPT CHECK OR CASH
  
- PLEASE TURN IN A COMPLETED APPLICATION FILLED OUT IN BLUE OR BLACK INK
  
- PRIOR TO CONSTRUCTION OF AN IN-GROUND POOL YOU MUST SET UP AN APPOINTMENT TO MEET WITH BUILDING INSPECTOR ON SITE.

***Please note: There will be an additional charge for re-inspections that exceed two or more of the allotted number of inspections that are listed on the building permit. No Certificate of Occupancy will be issued until such time as the additional inspection fees are paid in full.***

RESIDENTIAL PERMIT APPLICATION FEES

ONE CHECK

In-ground Swimming Pool Permit	\$150.00
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+

PA State Administration Fee	\$4.00
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We accept check or cash.

All checks are made payable to: **“Township of Hampton”**

*Please note:*

*There will be an additional charge for re-inspections that exceed two or more of the allotted number of inspections that are listed on the building permit. No Certificate of Occupancy will be issued until such time as the additional inspection fees are paid in full.*

*Please complete all sections that pertain to you.  
Thank you!*



TOWNSHIP OF  
*Hampton*

## **BUILDING PERMIT REQUIREMENTS**

The Township of Hampton provides all inspections as part of the building permit fees, with the **exception** of the following:

- **Plumbing**
- **Electrical**
- **Residential Electrical Plan Review**
- **Commercial Plan Review**
- **Energy (Insulation)**

You may use any inspector or inspection agency listed for each category. Inspections performed by Inspectors or Inspection Agencies not listed below will **NOT** be recognized.

**Plumbing** - Contact the Allegheny County Health Department (ACHD) 412-687-ACHD (2243)

### **Electrical Only**

- **Stewart's Electrical Inspections**, Irwin PA, contact: John Stewart, 724-864-9260  
[johnwstew@verizon.net](mailto:johnwstew@verizon.net) Fax: 724-864-9206
- **Tri-State Safety Inspection Service**, Uniontown PA, contact: John Peton, 724-439-2601  
[tristatesafety200@yahoo.com](mailto:tristatesafety200@yahoo.com)
- **Steel City Inspection Agency, Inc.**, Pittsburgh PA, contact: Carmen Delucia, 412-653-2110  
[sciapg@cs.com](mailto:sciapg@cs.com)
- **Codesys Code Consulting, Inc.**, Pittsburgh PA, contact: Peg Russell, 412-821-0337 x11  
[Wer4code@aol.com](mailto:Wer4code@aol.com)
- **Commonwealth Code Inspection Service**, contact: Maurice Thompson, 412-486-7693  
[mar\\_gayle@verizon.net](mailto:mar_gayle@verizon.net)
- **Middle Department Inspection Agency, Inc.**, Wexford PA, contact: Ron Duva 1-800-930-6342  
[Wexford80@worldnet.att.net](mailto:Wexford80@worldnet.att.net)
- **Allegheny Inspection Services, Inc.**, Karns City, PA, contact: Max Summerville 1-800-506-5432  
or 412-719-5784, John Croup 724-944-0508
- **Atlantic Inland Inspections**, Pittsburgh, PA, Contact: Thom Ruff, 412-213-0200

### **Electrical & Insulation**

- **Professional Code Services, Inc.**, Gibsonia, PA, contact: Scott Chermak, 724-449-2633 x 1  
[info@professionalcodeservices.com](mailto:info@professionalcodeservices.com) Fax: 724-449-2673
- **International Code Consultants**, Cranberry Township, PA, Contact: David J. Buskirk, 724-772-2633 or 412-596-3287

### **Commercial Plan Review**

- **Henry A. Hegerle**, Pittsburgh PA, 412-381-4989
- **Codesys Code Consulting, Inc.**, Pittsburgh PA, contact: Peg Russell, 412-821-0337 x11
- **Commonwealth Code Inspection Service**, Manheim PA, contact: David S. Abel, 800-732-0043
- **Professional Code Services, Inc.**, Gibsonia, PA, contact: Scott Chermak, 724-449-2633 x 1



**For Township Use Only:**

Permit #: \_\_\_\_\_  
Approved Yes \_\_\_ No \_\_\_  
Date \_\_\_\_\_

## RESIDENTIAL BUILDING PERMIT APPLICATION

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

Complete Site Address: \_\_\_\_\_

Tax Parcel# \_\_\_\_\_ Lot# \_\_\_\_\_ Zoning: \_\_\_\_\_

Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ PA# \_\_\_\_\_

E-Mail: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**TYPE OF WORK OR IMPROVEMENT (*Check one*)**

In-ground Swimming Pool

**DESCRIPTION OF BUILDING USE (Check one)**

RESIDENTIAL

- One-Family Dwelling                       Prefabricated Building
- Two-Family Dwelling                       Other \_\_\_\_\_

**BUILDING/SITE CHARACTERISTICS**

Number of residential Dwelling Units: Existing \_\_\_\_\_ Proposed \_\_\_\_\_

Mechanical: Indicate type of Heating/Ventilating/Air Conditioning (*i. e., electric, gas, oil, etc.*) \_  
\_\_\_\_\_

Water Service: (*Check one*)       Public       Private  
 Sewer Service: (*Check one*)       Public       Private (Septic Permit# \_\_\_\_\_)

**BUILDING DIMENSIONS AND SETBACKS**

Existing Building area: \_\_\_\_\_sq. ft.      Number of Stories: \_\_\_\_\_

Proposed Building Area: \_\_\_\_\_sq. ft.      Total Building Area: \_\_\_\_\_sq. ft.

Height of Structure Above Grade: \_\_\_\_\_ft.

Set back from street right-of-way \_\_\_\_\_ft.

Distance from structure to rear property line \_\_\_\_\_ft.

Sidelines: Right side of structure to property line \_\_\_\_\_ft

Left side of structure to property line \_\_\_\_\_ft.

**FLOODPLAIN**

**Is there a watercourse or wetlands on the property? \_\_\_\_\_ if so, please show on survey.**

**(Limited disturbance allowed, please refer to Ordinance No. 780, Section 4.5 for specifics)**

Is the site located within an identified flood hazard area? (*Check one*)     YES             NO

Will any portion of the flood hazard area be developed? (*Check one*)     YES             NO

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically *Section 60.3*

Lowest Floor Level: \_\_\_\_\_

**ESTIMATED COST OF CONSTRUCTION: \$ \_\_\_\_\_**



I/We being the owner and/or contractor and/or agent of the owner and/or agent of the contractor by the execution of this "Application for Residential Building" do represent that I/we the undersigned SHALL BE PERSONALLY RESPONSIBLE AND DO HEREBY PERSONALLY ASSURE that the Building Inspector of the Township of Hampton or his designee shall be permitted access onto the premises under construction at all reasonable times as set forth in the Building Code of the Township of Hampton. I/We do further understand, acknowledge and intend that such foregoing representations are intended to induce the Township of Hampton to issue said residential building permit.

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
TOWNSHIP OF HAMPTON

\_\_\_\_\_  
CONTRACTOR

\_\_\_\_\_  
AGENT FOR OWNER

\_\_\_\_\_  
AGENT FOR CONTRACTOR



3101 McCully Road, Allison Park, Pennsylvania 15101 ♦ Area Code 412-486-0400  
412-443-7585  
Fax: 412-486-5019

TOWNSHIP OF HAMPTON  
RELEASE FORM

I / We, \_\_\_\_\_,

Being the owner or owners of the property listed below, located at \_\_\_\_\_

\_\_\_\_\_, agree to *HOLD HARMLESS* the Township of Hampton of any and all legal responsibilities in the removal of fence, hedge, post, mailbox, sign, wall, tree or shrub which has been placed over the road right-of-way easement for utilities, as per Ordinance 627. Article 11, Section 11.600. Subsection 11.640 at the above location, should it ever become necessary to remove same for maintenance purposes.

Further, this **RELEASE FORM** is to be made a part of, and recorded with the building permit issued on the above property.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Attest

\_\_\_\_\_  
Date

Section 11.640: Any fence, hedge, post, mailbox, sign, wall, tree or shrub located in a public right-of-way or other recorded easement is placed at the owner's risk and may be ordered removed by the Township or other public utility or authority for expansion or maintenance of public services.

**Addendum to Building Permit**

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer \_\_\_\_\_  
Or Self-Insurer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Policy No. \_\_\_\_\_ Coverage Period Ends \_\_\_\_\_

Name of Contractor / Policy Holder \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contractor / Policyholder's federal or state employer identification number (EIN)

- 1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers' Compensation Act.
- 2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
- 3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
- 4. The contractor / policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
- 5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor / policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

Basis for exemption (check one):

- Applicant is an individual who owns the property

[over]

- Contractor / Applicant is a sole proprietorship without employees
- Contractor / Applicant is a corporation, and the only employees working on the project have and are qualified as “Executive Employees” under Section 104 of the Workers’ Compensation Act. Please explain:  
\_\_\_\_\_  
\_\_\_\_\_
- The entire contractor / applicant’s employees on the project are exempt on religious grounds under Section 304.2 of the Workers’ Compensation Act. Please explain:  
\_\_\_\_\_  
\_\_\_\_\_
- Other. Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Name of Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Applicant’s federal or state employer identification number (EIN) \_\_\_\_\_

Any subcontractors used on this project will be required to carry their own workers’ compensation coverage.  
 The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.  
 Violation of the Worker’s Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor / applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Subscribed and sworn before me this day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_

*(Signature of Notary Public)*

Commission expires: \_\_\_\_\_

(Seal)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name (Please Print)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Name of Company

Note: Applicant’s Copy to be attached to permit and posted.  
 Municipality’s Copy to be filed with its permit copy.